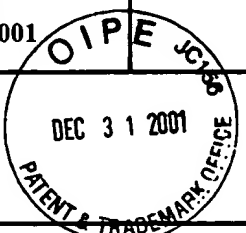
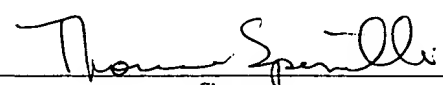
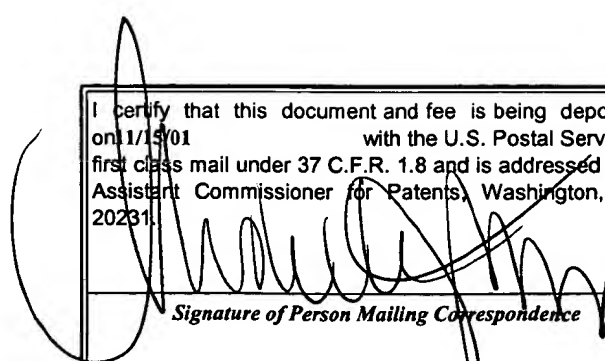


37244

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b> 8924ZA (ETH-1551)	
<b>Applicant(s):</b> David D. Demarest, et al.					
<b>Serial No.</b> 09/776,658	<b>Filing Date</b> February 5, 2001		<b>Examiner</b> C. Dexter		<b>Group Art Unit</b> 3724
<b>Invention:</b> SUTURE CUTTING SYSTEM					
					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
TOTAL CLAIMS	19 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: November 15, 2001</div></div>					
<div style="display: flex; justify-content: space-between;"><div> _____ Signature <b>Thomas Spinelli</b> Registration No.: 39,533  Scully, Scott, Murphy &amp; Presser 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343</div><div style="border: 1px solid black; padding: 5px; width: 40%; text-align: center;"><div>I certify that this document and fee is being deposited on 1/15/01 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div><div> _____ Signature of Person Mailing Correspondence <b>Mishelle Mustafa</b> _____ Typed or Printed Name of Person Mailing Correspondence</div></div></div>					
cc: _____					

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